



BOARD OF OPTOMETRY
 400 R STREET, SUITE 4090, SACRAMENTO, CALIFORNIA, 95814-6200
 (916) 323-8720 / (800) 547-4576



CONSUMER COMPLAINT FORM

FOR OFFICE USE ONLY

CASE # _____
 Action Taken _____
 OD# _____

Please Print or Type

PERSON REGISTERING COMPLAINT

Name:	Home Phone	
Address:	Business Phone	
City	State	ZIP Code
I authorize the State Board of Optometry to provide a copy or summary of this complaint to the optometrist, and to obtain a copy of my patient records from the optometrist if necessary.		
Signature _____		Date _____

COMPLAINT REGISTERED AGAINST

Name of the optometrist:		
Address:	Business Phone	
City:	State	Zip Code

DETAILS OF COMPLAINT

<p>1. Have you discussed this matter with the optometrist?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>When: _____</p> <p>Result: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Have you discussed this matter with your local optometric society, other organization or other eye care professional?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Whom: _____</p> <p>_____</p> <p>When: _____</p> <p>Result: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. Have you contacted an attorney or filed a claim in Small Claims Court?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>4. Date of eye examination and /or date of delivery of ophthalmic devices?</p> <p>_____</p>	

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date _____

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